The New England
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The Herscu Letter

Real Patients / Real Solutions

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This is going to be a short update. In general, things are progressing much the way I had predicted since the beginning of this epidemic, as described in last month's updates.

1. "*The flu is spreading as predicted.*" The number of locations should include all of the interconnected areas of the world, and it seems as though things are moving in that direction. Furthermore the flu should also follow the migration of people, especially via the highly travelled routes. As of now, this flu is found throughout the United States, demonstrating the speed with which it can spread in a highly interconnected population.
2. "*The number of people dying from it is small, and remains small.*" This is not to diminish the anguish that those families feel, which must be great. However, from the public health perspective, the number of deaths is low. Last I checked, there were 10 people reported to have died as a complication of this flu in the United States, and about 80-90 total confirmed dead around the world. (I will come back to this point later) But for now, let me say what I said before; that despite the fear and worry pervading the situation, the degree of lethality of the epidemic had been overstated and overestimated. In fact, the high level of alert and predictions of danger are not justified by the data.
3. "*As I mentioned before, I believe we will find unique subpopulations that experienced different morbidity rates from the influenza infection.*" As of now, one interesting unique sub-population that seems to be resisting the flu well are older people, who may have suffered through the 1957 epidemic. This fits the model that I wrote about in the Herscu Letters a decade ago.

Let's Take to the Stage

One of the things I described in a previous update involved the current staging or Phase of Pandemic and the revisions that would have to take place. I want to delve into this and explain how and why what I said has occurred and why it is an important public health issue. I think understanding some of the issues and complexities will help us all grapple with where we are and how we might proceed.

First, the staging. The World Health Organization (WHO) describes 6 phases for their pandemic alert system. This system helps describe/predict the global flu outbreak severity level, and helps guide certain governments actions. Governments can prepare particular steps to correspond to specific phases. The phases are as follows, as described by a WHO publication (http://www.who.int/csr/disease/avian_influenza/phase/en/index.html). (Note that we were at phase 5, and were about to go into phase 6, but too many people complained, so they left the rating at phase 5 for now. More on this following the WHO document.)

World Health Organization

Current WHO phase of pandemic alert

Current phase of alert in the WHO global influenza preparedness plan

Pandemic preparedness

In the 2009 revision of the phase descriptions, WHO has retained the use of a six-phased approach for easy incorporation of new recommendations and approaches into existing national preparedness and response plans. The grouping and description of pandemic phases have been revised to make them easier to understand, more precise, and based upon observable phenomena. Phases 1–3 correlate with preparedness, including capacity development and response planning activities, while Phases 4–6 clearly signal the need for response and mitigation efforts. Furthermore, periods after the first pandemic wave are elaborated to facilitate post pandemic recovery activities.

The current WHO phase of pandemic alert is 5.

In nature, influenza viruses circulate continuously among animals, especially birds. Even though such viruses might theoretically develop into pandemic viruses, in **Phase 1** no viruses circulating among animals have been reported to cause infections in humans.

In **Phase 2** an animal influenza virus circulating among domesticated or wild animals is known to have caused infection in humans, and is therefore considered a potential pandemic threat.

In **Phase 3**, an animal or human-animal influenza reassortant virus has caused sporadic cases or small clusters of disease in people, but has not resulted in human-to-human transmission sufficient to sustain community-level outbreaks. Limited human-to-human transmission may occur under some circumstances, for example, when there is close contact between an infected person and an unprotected caregiver. However, limited transmission under such restricted circumstances does not indicate that the virus has gained the level of transmissibility among humans necessary to cause a pandemic.

Phase 4 is characterized by verified human-to-human transmission of an animal or human-animal influenza reassortant virus able to cause “community-level outbreaks.” The ability to cause sustained disease outbreaks in a community marks a significant upwards shift in the risk for a pandemic. Any country that suspects or has verified such an event should urgently consult with WHO so that the situation can be jointly assessed and a decision made by the affected country if implementation of a rapid pandemic containment operation is warranted. Phase 4

indicates a significant increase in risk of a pandemic but does not necessarily mean that a pandemic is a forgone conclusion.

Phase 5 is characterized by human-to-human spread of the virus into at least two countries in one WHO region. While most countries will not be affected at this stage, the declaration of Phase 5 is a strong signal that a pandemic is imminent and that the time to finalize the organization, communication, and implementation of the planned mitigation measures is short.

Phase 6, the pandemic phase, is characterized by community level outbreaks in at least one other country in a different WHO region in addition to the criteria defined in **Phase 5**. Designation of this phase will indicate that a global pandemic is under way.

During the **post-peak period**, pandemic disease levels in most countries with adequate surveillance will have dropped below peak observed levels. The post-peak period signifies that pandemic activity appears to be decreasing; however, it is uncertain if additional waves will occur and countries will need to be prepared for a second wave.

Previous pandemics have been characterized by waves of activity spread over months. Once the level of disease activity drops, a critical communications task will be to balance this information with the possibility of another wave. Pandemic waves can be separated by months and an immediate "at-ease" signal may be premature.

In the **post-pandemic period**, influenza disease activity will have returned to levels normally seen for seasonal influenza. It is expected that the pandemic virus will behave as a seasonal influenza A virus. At this stage, it is important to maintain surveillance and update pandemic preparedness and response plans accordingly. An intensive phase of recovery and evaluation may be required.

_____End of WHO Document_____

For a more complete PDF version of this document, go to www.hersculaboratoryflu.org/news and find the link under May 21.

So using this model, Phase 4 and 5 indicate that people are passing flu to other people, and suggesting that the government must take steps for a coming calamity, limit travel, quarantine people, stop buying food from this or that place, and curtail concert, movie, school attendance, etc.

Before going to my main point here, I want to repeat something I wrote a few updates back.

> *We are at pandemic level 5 which will rise to 6. I believe that, when we are able to look back on this epidemic after it has passed, this will be seen as a mistake. Because of the way it has progressed, and the fact that the mortality rates are already falling, this influenza will end up looking not unlike regular yearly epidemics, despite the potential for severity that existed. The problem is that the pandemic alert system should accurately and efficiently guide response behavior,*

but in this case its use is not consistent with the severity and progress of the Swine Flu epidemic. Although the crossover between swine and human flu strains marks this as a unique event, it does not have the makings of a severe pandemic at this time, and the ability to make this prediction and distinction is critical to effective response in future influenza situations.

The bottom line is that the world is quickly shifting from hysteria to indifference, with some places staying more or less worried, more or less active. The prediction is that the spread of Swine Flu continues, likely becoming quite ubiquitous, and different organizations shut down or modify public behavior. People will continue to die, but when it is all said and done, the actually rates as compared to other yearly flu will not be that different.

Governments are in a difficult situation. For example, it is very likely that Gerald Ford lost his election for the presidency because he came out so strongly in combating the swine flu and advocating the swine flu vaccine, and when so many people got sick from the vaccine and the flu did not materialize, he lost credibility. No one wants to lose that amount of credibility, so they are straddling the fence of caution and panic.

From my perspective, as this part of the epidemic becomes less lethal in the minds of the population and more 'boring' in the minds of government officials, they will begin to scream foul play. Now that they perceive a sort of safety, they can make a clear stand. As mentioned above, I thought that they would likely overreact in the other direction at this point, and in fact, this has actually begun. WHO was prepared to move to Phase 6, but backed down due to several governments pressuring them not to do it. In fact, if you follow the Phase system of WHO, above, they should be at Phase 6 already. The problem is that the facts on the ground do not match the system developed. As I said, almost a month ago, modifications to the system will need to be made.

What is the problem? In a word, **SEVERITY!** If you look back at the Phases above, what is missing is how lethal the bug is, and how lethal it remains over time. Going by the WHO phase description above, it may be argued that every flu season fits the pattern all the way through phase 6. What is missing is the main point that I made from day 1; how virulent/severe is the bug and how vigorous is its ability to hold that severity over the course of ongoing transmissions.

Now here is the actual problem, from the personalized medicine point of view. It becomes increasingly difficult to gauge severity over time, as the severity will change based on the different subpopulations encountered. One example is the one I began with above, that of older people being less susceptible. So here is the primary prediction for this update. I think they are having a problem with this concept and will need to reexamine this point, and thus I predict that severity, in the form of both morbidity and mortality, will play a future role in the Phase system. It has to in order to make the system a meaningful measure of public health risk.

A confounding factor in this inevitable Phase system change, however, is that *severity* will tend to change over time. This, I believe, is the second problem we are going to have to tackle. As you know from the other updates, the fact that the epidemic is thankfully not that lethal at the moment. I have already laid out the specifics of how this flu could, and still can, become a much worse scenario. Based on these factors, a much more fluid classification system is needed, as well as more flexibility and fluidity in changes of Phase during an outbreak. The challenge will then move to the government effort in trying to gauge appropriate responses. What do they do when the Phase changes from 5 to 6, back to 5, and then back to 6 within weeks? This is the problem and this is why, whether you are aware of it or not, there is a serious debate going on within science and within politics to try to resolve this.

This leads also to a second prediction. I believe that the best solution for this problem is to use the Phase system only after a threshold has been crossed, a sort of gate if you will. Here I believe that severity and projected severity play the number one role, with everything else following. We track the ebb and flow of the virus as usual, but when a certain bug becomes lethal enough, it is then and only then that the Phase system comes into play. For the regular bugs we step up the protocols, but only engage this Phase system when the bug has reached a certain threshold of lethality and ability to transmit.

Using this solution will allow for surveillance, communication, and science all to occur as usual, but it reduces the potential for false alarm. What I think will happen is that this solution would allow governments to keep out of many of the decisions and not have to make political decisions that interfere with appropriate scientific discourse and response. At the moment, the lack of severity/lethality incorporation in the Phase system is leading to confusion, conflict, and political lobbying, which leads to risk.

A Numbers Game

There is another important issue that I had mentioned before. Here is what I said in a previous update:

> *If the report above is correct, then it seems as though I might have been correct on the other piece as well, the percent lethality. It is conceivable that the percent of people who died from this flu may not be different than those who succumb to the annual flu, give or take a few percentage points, and that it is just a serious lack of inclusive reporting that led to the alarming percentages projected. In other words, the lethality percentage has been reported as high simply because they have failed to accurately test a potentially large portion of the flu-suffering population.*

Here is the problem. At the moment, the numbers of flu patients are listed at around 11,000 worldwide, and the deaths at around 80 or so. This gives a mortality rate of 0.72%. There is no way that this is correct. Why? Because, there is no way that this flu is spreading as widely and as quickly as it has without having a much larger number of people who are infected than has been reported. A third prediction: When the number of cases are finally estimated, we will find that

there were hundreds of thousands and even millions who were ill at this very time. If that is the case, then the actual percent of those dying is much, much less than has been cited.

Why is this important? Different rates of infection, of transmission, lead to the necessity for different public health measures. Understanding the true nature of this virus and its spread will help governments, and families, understand what they have to do to stay safe.

Homeopathy as a Profession can be so Embarrassing

Last thing. You may recall that I mentioned that there are several things that homeopaths should be doing but are not, and the illogical things that are likely to be done. Well…here we are well into this epidemic and they have all happened. Everything from unfounded information along the lines of recommending this remedy or that remedy, to conspiracy theories, to advice that puts people at harm. Sadly, many homeopathic organizations are remaining silent or are themselves the purveyors of poor information.

Amusingly, or sadly, depending on the time of day that I think about it, some people had taken my mention of the remedy *Nux vomica*, and then began to publicize it giving symptoms that have nothing to do with the actual flu that is presenting here and now. Instead, they are just reading common symptoms of the remedy in a *materia medica* and then repeating them, even though they have little to do with the epidemic at hand. To reiterate my main point, *Nux vomica* is the remedy of choice as the *genus epidemicus*, but it has to fit a certain profile. That profile is the one we listed previously on the website, based on real patient presentations from this flu. Also, if you follow the logic, then you realize that the profile and the remedy may change over time, as the virus changes over time. We have to stay vigilant on that front.

I have listed before the steps the homeopathic community should take, and hope that there can be more organization and action around these points. Sooner or later a bad epidemic will strike. We have something important to offer, we just need to put the pieces in place that will allow us to function at our true potential.

Until next time,

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